									Application or Dock t Number					
PATENT APPLICATION FEE DETERMINATION RECOF									,	m	_			
				(0/	0/	073	<u>7</u>						
CLAIMS AS FILED - PART I (Column 1) (Column 2)									EN	mry	٠.	OTHER		
Γτα	OTAL CLAIMS		90	1)	(Column 2)			TYPE			OR	SMALL		
FC	\C	 	2					RATE	-	FEE		"RATE	FEE	
_			NUMBER FILED		NUMBER EXTRA			BASIC F	FEE	370.00	OR	BASIC FEE	740.00	
-	TAL CHARGEA		75 minus 20=		*			X\$ 9=			OR	X\$18=		
_	DEPENDENT CL		minus 3 =					X42=			OR	X84=	*	
L	LTIPLE DEPEN	IDENT CLAIM P	RESENT					+140=			OR	+280=	:	
* If the difference in column 1 is less than zero, enter "0" in column 2							•	TOTA	L		OR	TOTAL		
CLAIMS AS AMENDED - PART II									•			OTHER	THAN	
	1="12	nn 2) EST	(Column 3)		SMAL	LΕ		OR	SMALLE	NTITY				
ENTA		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	;	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MENDMENT	Total	· 25	Minus	. 3	1 5_	= /		X\$ 9=	=		9R	X\$18=	,	
AME	Independent	• 3	Minus .	***	3_	= / :	į.	, X42=		/	OR	X84=	./	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		(+280= /	/	
				•	= :		į	TOT.			OR	TOTAL		
	•	(Column 1)		⁷ (Colur	. :	(Column 3)	,	ADDIT. F			OR	ADDIT. FEE	·	
	·													
AMENDMENT B.		REMAINING AFTER AMENDMENT		: NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE		ADDI TIONAL FEE		RATE:	ADDI- TIONAL: FEE	
	Total	.25	Minus	2	5			X\$ 9=	_		øя	X\$18=		
ME	Independent	• 3	Minus	***	3	a -		X42=		-		X84=		
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDENT	"CLAIM.				┪		OR			
		4				• • •	l	+140= TOT	f		OR	+280=		
,	1 /2-1										OR	TOTAL ADDIT. FEE		
(Column 2) (Column 3)													<u> </u>	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO	BER DUSLY	PRESENT EXTRA		RATE	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MOI	Total	. 9	Minus)	5	=	l	X\$ 9=	_	ree	OR	X\$18=	FEE	
ME	Independent	. 9	Minus	***	3	= G		X42=	-1			X8 € =	5 <i>2</i> 8	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								\dashv		OR		3-0	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+280=	·	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											OR	TOTAL ADDIT. FEE	528	
		mber Previously Pa							_	ropriate bo	x in co	lumn 1.		